

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

**PLAINTIFF**

**JOHNAS ORTIZ**

**COURT CASE NUMBER 206  
CIV. NO. 06-~~206~~-SLR**

**DEFENDANT**

**DELAWARE DEPT. OF HEALTH & SOCIAL SERVICES, DIRECTOR**

**TYPE OF PROCESS**

**CIVIL COMPLAINT 42 USC § 1983**

**SERVE**

**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN**

**DIRECTOR, DELAWARE DEPT. OF HEALTH & SOCIAL SERVICES**

**ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**

**AT 1901 N. Dupont Hwy, NEW CASTLE, DE 19920**

**SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:**

JOHNAS ORTIZ 581 # 305401  
1301 E. 12th St.  
WILMINGTON, DE 19809

**Number of process to be served with this Form - 285**

**Number of parties to be served in this case**

**Check for service on U.S.A.**

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):**

**Fold**

**DHSS ADMINISTRATIVE Bldg.  
MAIN Campus**

**BUSINESS Hrs: 8a-4:30p**

**DEPARTMENT OF  
STATE  
DISTRICT OF DELAWARE**

**Fold**

**Signature of Attorney or other Originator requesting service on behalf of:**

PLAINTIFF  
 DEFENDANT

**TELEPHONE NUMBER**

**DATE**

**Date**

**10-5-06**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

**Total Process**

**District of Origin  
No.**

**District to Serve  
No.**

**Signature of Authorized USMS Deputy or Clerk**

**BF**

**Date**

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**PAMELA GARNES, Executive SECRETARY**

Address (complete only if different than shown above)

**SAME**

A person of suitable age and discretion then residing in the defendant's usual place of abode.

**Date of Service**

**Time**

**1:00**

**pm**

**12-1-06**

**Signature of U.S. Marshal or Deputy**

**RDTH, COUSM**

<b>Service Fee</b>	<b>Total Mileage Charges (including endeavors)</b>	<b>Forwarding Fee</b>	<b>Total Charges</b>	<b>Advance Deposits</b>	<b>Amount owed to U.S. Marshal or</b>	<b>Amount of Refund</b>

**REMARKS:**

**\* NO DIRECTOR; however, CABINET SECRETARY  
VINCENT Meconi**

**7 miles RT**